

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017577

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4639

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **City Hospital # 1**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **St. Louis**

c. CITY
OR
TOWN **University City**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
Christian Old Folks Home

Reside on farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **BIRDIE** Middle **ERN** Last **EADS**

4. DATE
OF
DEATH **April 26, 1963**

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12/31/1880

9. AGE (last birthday) **82**
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John R. Ern

13b. MOTHER'S MAIDEN NAME

Catherine Nord

14. NAME OF HUSBAND OR WIFE

Harry B. Eads

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Sam Gosson 1093 Ferguson (30)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease
Fracture of left hip, suffered in fall at Christian
old Peoples home on or about April 20, 1963.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH; but not related to the terminal
disease condition given in PART I (a)

904. 7-9-65 dent

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m. **4-20-63**

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

old Peoples home 34 St Louis Co. Mo

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ and last saw her him alive on _____
Death occurred at _____ **10:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor Coroner

22b. ADDRESS

1340 Clark Ave

22c. DATE SIGNED

4/29/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

April 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mount Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

Alexander & Sons

ADDRESS

6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

APR 29 1963

26. REGISTRAR'S SIGNATURE

Roan Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1
2 **1006 3U**

3

4 **11**

5 **2**

6

7 **0**

8 **2**

9

10

11 **134**

12 **75-3**

13

75

Coroner's Office

April 20

EX

John J. McNamee

City

State

John J. McNamee

John J. McNamee

John J. McNamee

John J. McNamee

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John J. McNamee

John J. McNamee

STATEMENT BY LICENSED EMBALMER

I hereby certify, that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar

St. Louis 12, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmer's License No. _____

John J. McNamee

John J. McNamee